

Tool Tutorial

Hospital Board Checklist to Improve Culture and Reduce Central Line–Associated Bloodstream Infections

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Your role as the chair of a hospital board of trustees is increasingly difficult. Blending business acumen with top-tier clinical performance is challenging. Efforts to maintain a competitive advantage require alignment of national, regional, and local improvement goals and a strong balance sheet. When the U.S. Secretary of Health & Human Services announced a new action plan, which included reducing central line–associated bloodstream infections (CLABSI) by 75% in three years, you wanted to ensure that your hospital participated. Your hospital chief executive officer (CEO) agrees to participate but needs your active involvement. What can you do? Using the Board Checklist tool to guide strategies and tactics can help.

In October 2009, the Johns Hopkins Quality and Safety Research Group produced a project tracking tool for hospital boards participating in the *On the CUSP: Stop BSI* (Stop BSI) national program. The tool, which the group adapted from the Executive/Senior Leader Checklist,¹ emanated from its work with boards of trustees,² CEOs, and improvement teams across the United States³ and from Joint Commission Leadership standards that require board involvement in quality, patient safety, and culture improvement activities.^{4,5} The Stop BSI program intends to establish a culture of safety and to reduce CLABSI in hospitals,⁶ for which board leadership is essential to support project efforts and to hold the health care organization accountable for providing high-quality care.⁷

Oversight of patient care is a fiduciary duty of hospital boards.⁸ Historically, boards have focused on financial oversight, medical staff credentialing, and CEO performance. Although trustees are now interested in improving the quality of patient care,⁹ they do not know how to proceed¹⁰ and where to focus efforts, particularly in terms of reducing patient harm,¹¹ and often do not take part in improvement efforts.¹² This checklist provides a list of macro-level strategies that the board of trustees can undertake to support the CEO's efforts with other hospital leaders and staff in the Stop BSI program.

Tool Description

The Board Checklist is a one-page list of specific board-level tasks for the two distinct but synergistic components of the Stop BSI program. Details of the Comprehensive Unit-based Safety Program (CUSP) culture component and the CLABSI prevention component are described in the accompanying article on the Executive/Senior Leader Checklist.¹ Nine tasks are grouped by program component and arranged in a table.

Some of the tasks on the Board Checklist facilitate tasks on the Executive/Senior Leader checklist.¹ For example, the board is tasked with establishing a science of safety training policy so that the CEO can effectively task the vice president (VP) of human resources with ensuring that this training policy is upheld. Moreover, the trustees are prompted to work with the CEO and chief medical officer (CMO) to codify interdisciplinary rounds as a hospital-level standard of practice.

Some checklist tasks guide the board in developing a strategic plan for safety. For example, several items set a structure for assessing, reviewing, and improving culture and other items for defining a CLABSI reduction goal and reviewing infection rates quarterly to evaluate progress. Finally, the trustees are tasked with holding the CEO and hospital executives accountable for working to improve culture and reduce CLABSI and with holding themselves accountable for reviewing reports of all patient harms and safety concerns described through staff safety assessments.

Tool Application to Quality/Safety

Fewer than half of surveyed board chairs in 1,000 hospitals in the United States rated quality of care as one of their top two priorities.¹⁰ Yet, regulatory and accrediting agencies expect boards to assert quality and patient safety as a top hospital priority,⁴ to demand valid data to monitor performance, to hold administrative and clinical leaders accountable for clinical performance, to allocate sufficient resources, and to support the

organizational changes necessary to achieve the goals.¹³ The checklist guides hospital boards to meet these requirements. It provides explicit goals to measure culture annually and to attain a mean CLABSI rate of < 1 infection per 1,000 central-line days to achieve the goal of a 75% reduction. The tool also prompts boards to review culture and CLABSI data regularly, to hold the CEO and senior leaders accountable for improving culture and reducing these infections, and to establish a data quality control mechanism and a process to investigate infections to learn, not simply recover, from mistakes. It encourages hospitals to identify their unique hazards, provides them with tools to reduce risks, and helps to reduce the probability that future patients will be harmed.

The Board Checklist can facilitate local safety culture improvement and compliance with evidence-based therapies, such as hand hygiene and sterile central-line insertions, which improves the quality of care delivered to patients.¹⁴ It also clearly distinguishes strategic responsibilities of trustees from operational responsibilities of hospital leaders for quality and patient safety improvement and explicitly addresses accountability for achieving CLABSI reduction goals.¹⁵

Tool Application Settings

The Board Checklist is appropriate for any hospital or health system that is undertaking efforts to improve safety culture and reduce CLABSIs. It is currently being used by hospital board members involved in the Stop BSI program.

“Best” Application

The Board Checklist is best applied as a project support tool that the chair of the board of trustees can use to facilitate CEO efforts and coordinate CUSP/CLABSI efforts for the Stop BSI project. The chair and CEO should review this tool together before the program is launched to (1) discuss hospital infection rates and evaluate the quality of their data, (2) identify gaps between recommendations and current hospital policies and practices, (3) discuss what recommendations to implement, and (4) agree how to proceed. We suggest that they enlist the hospital-designated Stop BSI project coordinator to (1) provide the full board with an overview of the national goal; (2) review the most recent year of valid hospital CLABSI data; (3) present the business case in terms of lives spared, dollars saved, and ICU days averted; and (4) introduce the Board Checklist as one of three interrelated project management tools—the other two being the Executive/Senior Leader Checklist¹ and the Infection Preventionist Checklist.¹⁶

How-To

After signing up for the Stop BSI program, the CEO meets with the board chair to review the program and support tools and task assignments. The CEO talks about the utility of the Executive/Senior Leader Checklist, pointing out how it links with the Hospital Board Checklist and the Infection Preventionist Checklist to provide consistency across the organization. The board chair may suggest senior leaders for tasks but typically takes direction from the CEO. The CEO and the board chair schedule a second meeting one week later with the Stop BSI coordinator and the hospital infection prevention department leader.

During this second meeting, the four Stop BSI leaders discuss and prioritize tasks on the checklist and align them with the tasks initiated by the CEO on the Executive/Senior Leader Checklist. They designate board and senior leaders for each task. In a subsequent meeting with the executive team, the CEO and Stop BSI coordinator provide an overview of the national program, discuss tasks assigned with input from the board chair, and continue discussing other items on the Executive/Senior Leader checklist.

During each board meeting, the CEO describes the program's progress. The board chair uses his checklist to ensure he or she is fully informed about the program. For example, he or she may check whether senior leaders are assigned to each unit-level team.

Output

Figure 1 (page 527) illustrates a completed Board Checklist for one of the participating hospitals (Hospital A), with leaders assigned to each task and initiation dates that correspond with the completed CEO's Executive/Senior Leader Checklist.¹

At this hospital, the CEO and board chair establish an organization-level strategic plan, first by creating a policy for annual safety culture assessments and defining the goal of reducing CLABSIs by 75% in three years. The CEO sets culture survey expectations that include an aggressive time frame for completion and a 60% or greater response rate in each clinical unit to more accurately identify areas that need improvement.¹⁷ The CEO also takes responsibility for holding executive team members accountable for supporting efforts to reduce CLABSI rates, developing explicit project plans to improve culture, and reviewing progress on these projects monthly.

The CEO and board chair assign the chief medical officer (CMO) responsibility for reviewing culture data (and exploring relationships between culture and clinical outcomes) and investigating infections and reporting these results to the board.

Hospital Board Checklist

Comprehensive Unit Based Safety Program “CUSP”	Leaders Responsible	Date Initiated
1. Set organization aim to assess safety and teamwork climate annually and improve it using valid measures. (Culture of Safety)	Board Chair & Chief Executive Officer (CEO)	6/5/2009
2. Set expectation for unit-level culture assessment, and at least 60% participation rate by doctors and nurses. (Hospital-level culture scores do not allow targeted improvement.) Culture is local.	CEO	6/5/2009
3. Review Culture Assessment data regularly (The Joint Commission requirement), and explore links between culture and clinical outcomes.	Chief Medical Officer (CMO)	One-year from CUSP start of 7/15/2009
4. Hold Executive team accountable for explicit action plan to improve safety and teamwork climate. Review progress monthly.	CEO	6/5/2009
5. Establish policy that requires science of safety training for all current and new employees and board members (http://www.safercare.net).	Vice President, Human Resources	6/4/2009
6. Set expectation that a senior leader is an active member of each CLABSI team and meets with the team on the unit at least monthly.	CEO	6/5/2009
7. Hear one patient-focused Story of Harm from infection at each board meeting.	CEO	9/2009
8. Work with CEO and CMO to establish interdisciplinary patient rounds as an organization standard of practice.	CEO, CMO, Chief Nursing Officer (CNO), Chief Operating Officer (COO)	1/15/10
9. Review a summary report of staff patient safety assessments* no less than annually. (*“How is the next patient likely to be harmed on my unit? What might we do to prevent that harm?”)	CEO	One year from 7/15/2009
Central Line–Associated Bloodstream Infection “CLABSI”		
1. Define organization goal of 75% CLABSI reduction over 3 years. Target: mean CLABSI rate of <1 infection/1,000 central-line days; median of zero.	Board Chair and CEO	6/5/2009
2. Review unit level CLABSI rates at least quarterly at full board meeting.	CEO	11/19/2009
3. Establish accountability process to investigate each infection, close the loop, and report back to the board.	CMO	11/6/2009
4. Require CFO to provide quarterly review of CLABSI cases subject to CMS pay for performance and the financial impact per case.	Chief Financial Officer (CFO)	6/5/2009
5. Establish audit mechanism to assure adherence with rigorous data quality standards. Review audit reports quarterly.	CEO, COO, & Director Hospital Infection Control	8/1/2009
6. Hold CEO and Executive team accountable for CLABSI reduction through performance-based compensation.	Board	6/5/2009
7. Require a monthly report of harm that includes the number of people infected each month, use of catheter insertion checklist, and hand hygiene compliance.	COO & Director Hospital Infection Control	8/1/2009
8. Assure that the board reviews all infection-related sentinel events, liability claims, medical staff disciplinary actions, and patient complaints.	CEO	07/2009
9. Make hospital and unit-level CLABSI data transparent.	COO & CNO	CLABSI work starts 8/15/2009
Developed by the Johns Hopkins Quality & Safety Research Group, 2009 http://www.safercare.net		

Figure 1. The chair of the board of trustees at Hospital A used the checklist to facilitate and coordinate CUSP/CLABSI efforts undertaken by the CEO and infection preventionist department leader for the Stop BSI project.

Finally, the board chair asks the CEO to provide project-related data to the board, either directly or through relevant board committees. These data include infection-related patient complaints, a monthly story of patient harm from an infection and quarterly unit-level CLABSI data (full board), and all infection-related sentinel events and claims (Board Claims Committee) and cases of medical staff discipline (Medical Staff Joint Conference Committee).

At subsequent board meetings, the CEO reports the following progress:

1. Drafting of a policy for board approval in which all permanent and contractual employees are trained in the science of safety (VP of human resources)
2. Inclusion of science of safety training in the medical staff bylaws for credentialing and recredentialing (CMO and Medical Staff Executive Committee)
3. Assignment of a senior leader to each CUSP/CLABSI team (CEO)
4. Establishment of hospitalwide interdisciplinary rounds (joint effort of CEO, CMO, chief nursing officer [CNO], and chief operating officer [COO])
5. A plan to make hospital and unit-level CLABSI rates visible (COO and CNO)
6. Provision of quarterly financial reviews of the impact of CLABSI cases subject to Centers for Medicare & Medicaid Services (CMS) pay for performance (chief financial officer [CFO])
7. Establishment of a quality control audit mechanism for data and a monthly reporting process for infection-related harms (CEO and director of Hospital Infection Control)

Results and Lessons Learned to Date

Although the checklist's benefits are not yet clearly known, the checklist represents a unique opportunity to align national expectations for a specific improvement goal with explicit actions at all levels of the hospital, from the board to the bedside nurse, to achieve the goal. Leaders from the Tennessee Hospital Association and the Tennessee Center for Patient Safety have sent all three checklists to project teams and posted them on the center's Web site.¹⁸ This cohesive approach to improvement provides an important opportunity for boards to lead.

Other Applications

Through its clinical practice component, the checklist could be used to oversee measureable improvements in other areas of patient safety, such as ventilator-associated pneumonias or surgical site infections.

Contact us

Please contact Christine Goeschel at cgoesch1@jhmi.edu. The checklist is available at <http://www.safercare.net> and <http://www.onthecuspstophai.org>. We welcome feedback and suggestions from teams that use the checklist. **I**

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For author information, see "Executive/Senior Leader Checklist to Improve Culture and Reduce Central Line-Associated Bloodstream Infections" (pp. 519–524).

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